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fare. A little encouragement in the way of subscriptions and contributions to our columns will add zest to our work, and we shall perform our labors with lighter hearts and readier hands. Our columns are always open to the Alumni and to all members of the profession, and we trust we shall receive much valuable material from this source.

OUR pages contain advertisements and business notices of individuals and firms of established reputation, as we take none other; and our readers are respectfully referred to them in the various branches of trade. Students of the college, in particular, should patronize our advertisers in the line of books, drugs, and such general supplies as they may need either in college or in fitting out their offices, etc.

WE are pleased to see many additions to the College Library, and we appreciate the work which the last two graduating classes have done in inaugurating and pushing forward this good work. We trust that each succeeding class will follow their example, and that many who have left the college halls in former years, appreciating the work we are trying to do, will lend a helping hand in this worthy undertaking. Surely no one can fail to appreciate the value of such a library, to which the student can easily refer for the settlement of some vexed question. Many a valuable point is gained, never to be forgotten, from the fact that the question could be answered at the time of its occurrence. We hope the Alumni and others interested will appreciate this fact, and aid us by contributions either of books or money. Every physician has in his library books which are duplicated by more recent editions. The old ones are valueless to him, but can be of considerable service to us. All such contributions will be thankfully received.

WITH this issue THE CHIRONIAN enters upon the third year of its existence with an earnest desire to merit the appreciation of its friends, both old and new. It shall be the aim of the editors to still further extend its influence, and increase its value both to the student and to the profession at large. With this aim ever in view, it shall be our effort to furnish to our readers all that is brightest and best in our college life, and much that will be interesting and valuable alike to the student and the physician. The various issues will contain full and accurate reports of our clinics, together with reports of cases and other material from the pens of our professors and other prominent members of the profession.

We have a right to look to our Alumni for our most constant encouragement and support, believing it to be their duty, as it should be their pleasure, to take a hearty interest in all that pertains to their Alma Mater and her wel-

FROM the many large and magnificently appointed hospitals, schools, etc., with their long lists of able and well-known professors of medicine and surgery, along with the much boasted and well-advertised systems of treatment enjoyed by our allopathic brethren, one naturally pauses to reflect upon such statistical evidence as the following, which has been gleaned from the official reports of the institutions named by the *North American Journal* and the *Southern Journal of Homœopathy*, and which must be as convincing as it is truthful.

MORTALITY.		PER CENT.
Hahnemann Hospital, Homœopathic,	.	5.7
Ward's Island " "	.	5.9
New York " Allopathic,	.	7.6
Roosevelt " "	.	10.9
Mt. Sinai " "	.	8.3
St. Luke's " "	.	9.8
Presbyterian " "	.	6.6

PROPORTION OF SURGICAL CASES.		PER CENT.
Hahnemann Hospital,	.	66.2
Ward's Island " "	.	36.4
Roosevelt " "	.	47.8
New York " "	.	64.3
Mt. Sinai " "	.	49.0
St. Luke's " "	.	62.3
Presbyterian " "	.	54.4

It will thus be seen that although the Hahnemann Hospital has the highest per centage of surgical cases, it, notwithstanding, has the lowest per centage of mortality. When we consider the variety and magnitude of the operations performed at the Hahnemann, many of them the most difficult and dangerous known to the surgical art, when we take into account the fact that all diseases which are admitted to any hospital are treated in those of our school, the two reports present statistical proof, which cannot be controverted, of the superiority of our methods of treatment over those of the Allopathic, or, as they delight to be called, the "regular" school.

It will be noticed that Bellevue Hospital fails to appear in the statistics, as the officials of that institution, with innate modesty, showed a manifest indisposition to give them to the public.

SOME of the students seem to be laboring under the misapprehension that THE CHIRONIAN is the special property of the Board of Editors, and that, therefore, they have no interest either in its success or failure. They even go so far as to predict that it will cease to exist in a few years at most. If such is to be the case whose fault is it? Surely the blame should not rest entirely upon those directly connected with its management, but chiefly with those who refuse to assist it either by subscriptions or contributions to its columns. If the paper is a failure, why do you not help to make it a success? If it does not contain anything of interest or value to the student, why not see to it that such material finds its way to the columns of the paper as will be of interest and value? Contribute articles yourselves; solicit them from your preceptors or other medical men of your acquaintance. Surely, it will do you no harm, but, on the contrary, will be of benefit to you. Finally, let every student take a personal interest in the paper and its welfare, for it is as much yours as ours.

How to Study the Repertory.

PROFESSOR J. T. KENT, M.D.

AFTER all the symptoms of a patient have been written out, the *Repertory* should be taken up. The beginner should not attempt to abbreviate the *anamnesis*, but should write out the *full general rubric* for exercise, if nothing more. If *melancholy* be the word, the remedies set to the word should be written down with all the gradations. If the *melancholy* appear only *before* the menses let a sub-rubric be placed in a manner to show at a glance the number of remedies of the *general class* having the *special period* of aggravation. Many of the most brilliant cures are made from the *general rubric* when the *special* does not help, and, in careful notes of ten years, would bring down many of the *general rubric* symptoms and furnish the best of clinical verifications. The longer this is done the more can the busy doctor abbreviate his case-notes.

The special aggravations are a great help, but such observations are often wanting, and the general rubric must be pressed into service.

Again, we have to work by *analogy*. In this method Boenninghausen's *Pocket Repertory* is of the greatest service.

Take Minton's most excellent work, and we find menstrual agonies are ameliorated by heat, peculiar to Ars. and Nux., and by moist heat, to Nux-m. But the symptoms of one case are not like either of these remedies, and we must go farther into the *materia medica*. We can then form the *anamnesis* by analogy and make use of the *general rubric*, taking all the remedies known to be generally ameliorated by heat and warmth applied.

To be methodical, the general rubric should appear in the notes of the prescriber and the special below it. If this plan be carefully carried out, a comparison of ten years' work would be a most instructive perusal. What is true of a remedy generally may often be true in particular, especially so in the absence of a *contraindicating exception*, well established.

If this plan be followed by beginners, always reading up *Materia Medica* with the *anamnesis*, by the time business becomes plenty the work becomes easy and rapid. A young man can prescribe for a few patients a day and make careful homœopathic cures, and he can gain speed enough to prescribe for twenty or thirty a day after a few years. Any man who desires to avoid *this careful method should not pretend* to be a *homœopathic physician, as the right way is not in him*, as the desire must precede the art.

The patient does not always express the symptom in the language that would best indicate the *real nature* of the symptom. Then it is that judgment is required, that the physician may *gain a correct appreciation* of the symptoms. So often is this true that the young man, and often the old, is led from the true expressions of nature, and he will make an inappropriate prescription. The task of taking symptoms is often a most difficult one. It is sometimes possible to abbreviate the *anamnesis* by selecting one symptom that is very peculiar, containing the key to the case. A young man cannot

often detect this peculiarity, and he should seldom attempt it. It is often convenient to abbreviate by taking a group of three or four essentials in a given case, making a summary of these, and eliminating all remedies not found in all the essential symptoms. A man with considerable experience may cut short the work in this way. I have frequently known young men to mistake a modality for a symptom. This is fatal to a correct result. The symptom is the sensation or condition, and the modality is only a modification. The symptom often becomes *peculiar* or *characteristic* through its modality.

When a sensation is looked up in the *Repertory*, all the remedies belonging to it should be written out, and individualization begun by modalities.

I am frequently asked what is understood by *peculiar* as applied to a case. A little thought should lead each man to the solution.

A high temperature, a fever *without thirst*, is in a measure *peculiar*. Thirst with a fever, with the heat, is not peculiar, because you can safely say it is common to find *heat with thirst* and uncommon to find heat without thirst. That which is common to any given fixed disease is never *peculiar*. This may seem too simple to demand an explanation, but let him who knows it go to the next page. Pathognomonic symptoms are not used to individualize by, and are never peculiar in the sense asked for.

I am asked what I mean when I say to beginners, *treat the patient and not the disease*. My answer always is about as follows: The symptom that is seldom found in a given disease is one not peculiar to the disease, but peculiar to the patient, therefore the peculiarities of the patient have made the disease differ from all the members of its class and from all others in the class, and make this disease, as affecting this patient, an individuality by itself, and can only be treated as an individual. This individuality in the patient manifests itself by *peculiar* symptoms nearly always prominent, and always looked for by the true healer. A man who gives Acon. for fever knows nothing of the spirit of the law or the duties of the physician. The same is true of *Colocynth* for colic, Arsenicum for chill, etc.

"What shall we do when we find several peculiarities in the same patient, and one remedy does not cover them all?" Here is where the astute physician will pick up his *Repertory* and commence the search for a remedy most similar to all, and if he has been a student for a few years he need not go about asking foolish questions. The lazy man has spent his days in the folly of pleasures; and the man of limited belief has shot out so many valuable things that he is constantly standing up in public asking foolish questions, and reporting cases with symptoms so badly taken that he reveals the whereabouts of his past life. He has not made use of the *Repertory*, and shows a complete ignorance of the *rubrics* and the usual formality of taking symptoms as taught by Hahnemann. It is a blessed thing that they are not responsible for all their ignorance. Where shall the responsibility rest, and who shall "throw the first stone?"

It is so easy to wink at the sins that ourselves are guilty of that it seems impossible to find judge or jury before whom to arraign the first law-breaker.

The cry for liberty has been a grievous error, as liberty is and has been most shamefully abused. It means a license to violate law, and only a modest elasticity is necessary and full eclecticism is the product. It is liberty that has driven out of use, or limited the use of, the *Repertory* that all the old healers so much consulted. If Bönninghausen used a *Repertory* with the limited number of remedies then proved, how much more do we need to consult it.—From the *Homœopathic Physician*.

Pædological Materia Medica.

A SERIES OF LETTERS BY PROF. DESCHERE.

(Continued from Vol. II., No. 4.)

III.

DEAR FRIEND—With regard to your remark, that *Sulphur* is used mostly in *chronic diseases*, let me say that the pædologist will need this great remedy in *acute* affections more frequently than many physicians suppose.

The great subject of Hahnemann's "*Psora*" is the field for our drug; and the more carefully we study the first volume of his "*Chronic Diseases*," the more profound will be our respect for the depth of thought of this great reformer in medicine. Hahnemann's "*Psora*" introduces itself to us in the forms *Scrofulosis*, *Rachitis* and *Tuberculosis*; and leaving the bacteria question in these conditions aside, or accepting it, we know that this trinity of "*Psora*" is most frequently the basis, the fertile soil, for the development of all possible ailments in infancy and childhood, bacteric or not.

It is, therefore, obvious that we shall have to bring this factor into consideration when prescribing for *acute* conditions with a *psoric type*, or as you would say more fashionably, in *scrofulous*, *tuberculous* or *dartrous* subjects.

The late H. N. Guernsey says in his "*Obstetrics*," p. 780 (second edition): "The general appearance of the child indicates *Sulphur*."

What is this "general appearance?"

The Sulphur child looks like an old man. Its skin is wrinkled, showing sores, cracks, furuncles, excoriations where folds of skin are formed, as at joints, around the arms, between the thighs, etc. It is greatly emaciated, very weak, cannot stand long, but crawls around instead of sitting erect; it leans forward, as it has not enough strength to support itself. There is an offensive odor about the child all the time, despite frequent washing.

We find either a continued dry heat or tendency to cold perspiration, a sort of hectic fever; and whenever a child easily gets into high febrile conditions at the slightest provocation, Sulphur must be exhibited.

The fact that Sulphur so well corresponds to the psoric diathesis is the reason why it will frequently stimulate the torpid reaction in disease, shown by the want of decided effect after the administration of well indicated remedies. Here one dose of Sulphur (giving it time to act) will alone most frequently produce a favorable change, and nothing else may be needed after its début, even in the very severest forms of acute affections. If in such cases a formerly indicated remedy should be called for again,

after the effect of Sulphur has passed, you will then find it to act with beautiful precision. So much for the *general* action of Sulphur in acute disease; but you will also need it frequently for *special* affections, among which the following ones are most prominent:

In diseased conditions of the *digestive organs*, especially where the child is rapidly wasting, the patient being *voracious, wishing to put into his mouth everything he sees*. Against *diarrhæa* it will prove specific, when the *aggravation comes in the early morning, driving the patient out of bed*, who has hardly time to keep from soiling himself. This will be a good indication for older children and adults; but in infants you will find it *the* remedy, when the stool is so acrid that the child becomes excoriated around the anus. It is constantly rubbing these parts on account of itching; the stools themselves are watery, fetid, sour, sometimes putrid, and often alternating with constipation. But the character of the stool may be quite various, the *early morning aggravation*, or the *excoriation around the anus*, will indicate the drug, especially in *bottle-fed children*.

In *bronchitis*, simple as well as capillary; *pneumonia*, lobar as well as lobular, *incipient phthisis*, etc., we shall find it to be a true and reliable friend. Think of it, when there is *much rattling of mucus in the chest* (like Tart. emet.), but the cough is worse in the morning and of a suppressed, choking character. The patient *stoops or bends over forward when walking or sitting*.

In *diphtheria* it will be called for when there is a *large yellow deposit all over the posterior wall of the pharynx*. In this disease Sulphur is but too often neglected by homœopaths; and much valuable time, sometimes irreparably, lost by routine remedies and nonsensical local applications.

You will find it invaluable in the eruptive fevers, as well as in all varieties of skin diseases; but it would lead me too far to go into details any more, and your time is taken up by more valuable things. Therefore I shall conclude with the words of *Dr. Burt*, who says: "Sulphur is the king of remedies, around which centres the whole *Materia Medica*."

Yours truly,

M. D.

Translations.

BY S. LILIENTHAL.

Treatment of Migraine by Massage.

MEZGER AND VRETLIND discovered in facial neuralgia and in many cases of migraine old inflammatory foci in the muscles and sinews of the scalp, of the neck and face. This chronic myositis can be removed by steadily applied massage, proving that these infiltrations are not accidental states, accompanying or following the neurosis, but that they are the cause of them, arising from the direct contact of the larger nerve-trunks with the affected spots or by reflex. To find them out, we have only to raise the muscles in a fold from their hard bases.

—*Wien. Med. Wchschrift*, 6, 1886.

The Trigeminal Cough by Dr. Wille.

A COUGH, where larynx and lungs are free from any affection, which regularly troubles the patient at any atmospheric change, or arising from strong odors.

1. The trigeminal cough is the most frequent pathological cough.
2. It is a nasal reflex neurosis, the pathological change of sneezing.
3. This neurosis may exist with or without anatomical changes inside of the nose.
4. Asthma nervosum is the highest grade of this state.
5. The cough is produced by all the branches of the ganglion sphenopalatinum, or by the nervus ethmoides.
6. Electricity applied with a weak induction current to the nasal nerves is the best treatment. In light cases iodide of potash produces a curative coryza.

—*Deut. Med. Wchschrift*, 1886.

On the Digestion of Milk.

REICHMANN (*Archiv f. Klin. Medicin* IX., 5) experimented on a healthy young man of 20 in relation to the digestion of milk. He took it at first cold on an empty stomach, which was then examined during its different stages

for acids, peptones and parapeptones. He came to the following conclusions :

1. 300 Ccm. raw milk leaves the healthy stomach four hours after being taken.
2. The full act of digestion of these 300 Ccm. is already finished after three hours.
3. The coagulation of raw milk in the stomach takes place already five minutes after being taken.
4. This coagulation is not caused by an increase in the quantity of acids, but by the influence of another agent, probably Hammarsten's rennet-ferment.
5. The maximum of acidity, 0.34 %, appeared only twice, once after forty-five minutes ; another time after one hour and fifteen minutes.
6. The maximum of a medium degree of acidity is found after one hour and fifteen minutes ; it is 0.32 %.
7. The acidity of the contents of the stomach depends at first only on lactic acid, and during continued digestion mutually on lactic and muriatic acid.
8. Muriatic acid is only discharged in quantity after forty-five minutes after the injection of 300 Ccm. of milk in the contents of the stomach.
9. The acidity of the contents of the stomach gradually increases during the first hour and fifteen minutes ; then it gradually decreases up to the moment when the milk has entirely left the stomach.
10. The increase of the degree of acidity depends at first exclusively on the lactic acid ; during digestion the presence of a constantly increasing quantity of muriatic acid is of great influence.
11. The decrease of the degree of acidity depends on the decrease of the quantity of the one or other acid.
12. The contents of the stomach contain the largest quantity of peptone in the time of thirty minutes to two hours after the injection of milk. Before thirty minutes or after two hours very little, or only traces of it, can be detected. Just the opposite is found in relation to parapep-

tone, but only at the beginning of digestion.

Experiments with boiled milk :

1. After taking 300 Ccm. boiled milk the acid contents of the stomach disappear after three hours.
2. The act of digestion of these 300 Ccm. boiled milk is performed in two hours and thirty minutes.
3. In relation to the degrees of acidity there is no remarkable difference between raw and boiled milk.
4. During the digestion of boiled milk peptonizing is carried on more energetically.
5. The lumps of Caseine are far more tender during digestion of boiled milk.
6. Digestion and the disappearance of the acids from the stomach takes place more rapidly with boiled than with raw milk.
7. After taking 100 Ccm. boiled milk the acid contents disappear after two hours and thirty minutes.
8. The duration of digestion of these 100 Ccm. boiled milk is forty-five minutes.
9. After taking twenty-five Ccm. boiled milk the acid contents disappear from the stomach after two hours.
10. The duration of digestion of these twenty-five Ccm. of boiled milk is forty-five minutes.
11. When using smaller quantities of milk the muriatic acid in the contents of the stomach can be shown much earlier.

Experiments with alkalized milk showed, that by adding 8.0 Natr. bicarbonicum to 100 Ccm. milk, this sufficed to prevent the peptonizing influence of the gastric juice. After a lapse of two hours this alkalized milk has disappeared from the stomach. Notwithstanding alkalization the milk in the stomach coagulates under the influence of the rennet.

It is therefore an established fact, that boiled milk is more easily to digest than raw milk. These experiments were repeated on several persons and always with the same result.

Berl. Med. Wochenschrift, 13, '86.

The Plaster of Paris Bandage in Treatment of Sprained Ankle.

WITH TWO CLINICAL CASES.

PROBABLY no other joint in the body is more liable to an accident of this kind than the ankle. The reason for this is easily seen when we consider the anatomy of the joint. The articulating surfaces of the bones which form it are very small, and when we think of the fact that the weight of the whole body has to be supported on these surfaces, we wonder that this accident is not of more frequent occurrence.

The amount of injury done to the ankle varies from a slight laceration of the connective tissue surrounding the joint to a complete rupture of the lateral ligaments, or it may even be associated with a fracture of one or both malleoli.

The immediate effects of this injury are pain, swelling, and inability to stand upon the injured ankle. The after effects are more serious than might at first be imagined. There may be stiffness, or even permanent ankylosis, as a result of improper treatment or neglect.

The main objects to be obtained in the treatment are, first, the replacement of the articulating surfaces in their proper positions, if they have been misplaced; and, secondly, perfect rest for the part, thus allowing nature to effect a cure. The first of these objects is best obtained by gentle manipulation; and what could better fulfil the requirements of the second than a well-applied plaster of Paris bandage, which, by making the joint immovable, gives it perfect rest.

One great advantage of this method of treatment is that the patient is able to walk as soon as the plaster has set, without the aid of crutches and with perfect safety. To secure the best results the bandage should be applied immediately after the injury, before any swelling begins. If for any reason this cannot be done, the ankle should be thoroughly rubbed with a solution composed of equal parts of tincture of Arnica and extract of Hammamelis, and then a

temporary bandage applied. As soon as the swelling has gone down the temporary dressing should be removed and a permanent one applied. Two applications of the bandage are usually sufficient to effect a cure. In its application the bandage should be drawn tight enough to make it lay perfectly smooth. The only necessary reason for removing the bandage before a cure is effected is when it gets too loose to afford proper support for the injured ankle. The permanent bandage should be kept on from three to six weeks, according to the severity of the sprain.

CASE 1.—Mr. R., aged twenty-three, while carrying a heavy weight upon his shoulders, slipped and sprained his right ankle. Was first seen three weeks after the receipt of the injury. The ankle at this time was badly swollen and very painful. It was impossible for him to put his right foot to the ground and he could walk only with the aid of crutches. The ankle was first rubbed with the solution of Arnica and Hammamelis, and a temporary plaster of Paris bandage applied, the foot being held in its proper position until the plaster had set. As soon as it was dry he was able to throw away his crutches and walk unassisted. A week later a permanent bandage was applied. In two weeks this was removed and the patient discharged cured.

CASE 2.—Mr. S., aged fifty. When first seen the ankle was badly swollen, and a temporary bandage was applied. This was allowed to remain one week, when the permanent one was put on, which was allowed to remain four weeks, as the patient was a very heavy man and the sprain a bad one. He was able to walk from the first and made a good recovery.

Obstetrics.

IT will be our effort during the ensuing term to furnish the readers of THE CHIRONIAN, under the head of Obstetrics, with such valuable hints as may be gathered from the rostrum of our able lecturers upon the subject, coupled with such interesting clinical points as may, from time to time, fall under our notice in our

hospitals and in the general college practice. In this the faculty will doubtless render us much valuable assistance, as also the fraternity at large, from whom we would be pleased to receive interesting and practical notes of observation in the general practice. This will enable us to place our journal where we desire it to be in this respect, as in all others—among the first of its kind in our school.

The following case came under our observation recently and may be of interest in these columns :

Mrs. H—, aged 37, mother of six children, during the third month of pregnancy was seized with floodings, which at times became very profuse and accompanied with portions of placenta. The patient was kept in bed for six weeks, during which the discharges continued from time to time.

Examinations showed a closed os throughout the entire period. The patient experienced but little pain, and as the discharges showed no evidences of decomposition or offensiveness, the attending physician did not deem it advisable to force the emptying of the uterus, and did nothing beyond the administration of the proper homœopathic remedies.

Finally, very severe labor pains set in, followed, after eighteen hours, by the expulsion of a well-formed fœtus (male) with a perfect placenta attached, apparently of six months' growth, and at the same time a portion of a second placenta which was somewhat degenerated but not offensive. This was entirely distinct from the other, and evidently had been a second or twin placenta which, following the arrest of development of the germ and its absorption, had degenerated. The placenta attached to the fœtus showed no signs whatever of degeneration, and its development must have gone on until the period of its expulsion.

The patient's return to health has been slow, but is now perfectly assured.

Class of '87.

ON Saturday morning, at eleven o'clock (October 9th), the Class of '87 convened,

for the first time this session, in the amphitheatre of the college building, for the purpose of reorganization.

President Stewart, whose term of office expired with the opening of the term, was in the chair. The meeting was unusually quiet and business-like throughout; and as the drawing of seats progressed, much anxiety was manifested to get down close to the rostrum by brave class warriors who, after two years service, preferred to face the first shock of battle there, rather than to subject themselves to the outline picket-fire which has heretofore proved so disastrous to the ranks in the "skyward" rows in the dim and shadowy background.

After the seats had been drawn the following officers were elected :

President, RALPH JENKINS,
Vice-President, A. I. THAYER,
Secretary, S. I. JACOBUS,
Treasurer, C. A. WARD.

On motion of Mr. Arthur, a vote of thanks was extended to retiring President Stewart for the impartial and able manner in which the duties of his office had been conducted. Class adjourned at 12.15.

Class of '88.

THE "Middle" men have not been slow to follow the Seniors in the way of organization. Their president called a meeting on the 11th inst., at eleven o'clock, which resulted in the formal election of officers for the term. They were as follows :

President, J. M. WOODRUFF,
Vice-President, T. C. WIGGINS,
Secretary and Treasurer, A. E. BAKER,

all of whom are good men, apparently, for their respective places, which means perfect union in the class and the usual good results which follow it.

This class has some good men in her ranks, and promises to do creditable work when the hour arrives for the summing up of their merits. Move on, gentlemen, we wish you unbounded success.

Societies.

New York Society for Medico-Scientific Investigation.

THIS Society met in the Lecture-room of the Ophthalmic Hospital on the evening of October 12th, at 8.30 P.M., with Sidney F. Wilcox, M.D., the President, in the chair.

The minutes of last meeting were read and approved.

Dr. F. H. Boynton, of New York City, was nominated for active membership. Dr. W. Storm White, of New York City, was elected to active membership.

Dr. T. F. Allen then read the first paper of the evening on "The Rebuilding of the Temple to Therapeia."

DISCUSSION.

Dr. Lilienthal believes in progressive homœopathy. Reorganization of the *Materia Medica* is a necessity, and such a society as this could well undertake the work. Only those symptoms which occur in several provers should be accepted. The symptoms given by a patient in course of treatment are often unreliable, but from the mass some are good and afford valuable indications. Thought it essential to use the pure drug in the first instance.

Dr. Cowl said he was not a student of *Materia Medica*, but that he would be loath to throw aside all the matter collected by so much study of so many observers. He thought that in the *Cyclopædia*, where the symptoms are given in proper sequence by the publication of the day-books of provers, when it was found that several provers disagreed regarding a symptom, it might then be thrown out, or into a second place, and such agreement would constitute a test.

Dr. Shelton thought that young men were just the ones to undertake such work, because it was the study of a life-time and required just that energy and freedom from preconceived opinions found generally in young men.

Dr. McDowell thought the value of work depended on the result obtained and not at all on the age of the worker.

Dr. Allen (in closing) said: This is work that can be done and it will be done, if not by this society, by some other, and the younger and more skeptical the men are the more reliable will be the result. Cannot agree with Dr. L. and others that a symptom to be of value must be apparent in more than one prover, and thinks a symptom repeatedly following administration of a drug in one prover is of great value (burning of spine in Phosphorus). Does not wish to throw away present accumulation of material; only to review it critically.

Dr. Wilcox exhibited to the society a unique device for overcoming the difficulties arising from erections following operations on the penis. It consists of a metallic ring, made to fit the penis, and connected with a small battery and electric bell, so arranged that the slightest engorgement of the penis will complete the circuit, ring the bell, and warn the attendant.

Hahnemannian Society.

THE Hahnemannian Society held its first regular session in the amphitheatre of the college on Wednesday evening, 13th inst. The "Senior" side of the hall was well filled. There was a moderate attendance of Middle men and Juniors. Nineteen new names were enrolled upon the books. Some college songs were rehearsed and the members, in a general way, seemed to avail themselves of this first gathering of the college masses for the revival of the good cheer of days gone by.

Vice-President Watts brought his gavel down upon the table at 7.45 sharp, and after a few words of introduction called for the election of officers which takes place once each year. The following were returned:

President, P. B. WATTS.

Vice-President, H. C. JEWETT, '88.

Secretary, W. T. HELMUTH, Jr.

Treasurer, A. A. HOAG, '88.

As the vice-president becomes president by precedent the following year, there was some solicitude manifested in the selection, Jewett and McGeary being the strong men. By a close vote the result was as stated above. Mr. Helmuth was elected by acclamation.

The following gentlemen were selected to conduct the quizzes :

SENIOR STUDIES.

<i>Materia Medica,</i>	J. J. RUSSELL.
<i>Practice,</i>	A. I. THAYER.
<i>Obstetrics,</i>	H. B. MINTON.
<i>Surgery,</i>	F. B. KELLOGG.
<i>Pædology,</i>	C. SCHUMANN.
<i>Gynæcology,</i>	J. O. CHASE.
<i>Physical Diagnosis,</i>	G. B. DUDMAN.
<i>Mental & Nervous Diseases,</i>	A. C. STEWART.
<i>Ophthalmology and Otolary,</i>	E. D. FITCH.
<i>Genito-Urinary Diseases,</i>	R. P. FAY, JR.
<i>Diseases of Kidney,</i>	W. W. JOHNSON.
<i>Dermatology,</i>	H. F. NICHOLS.

JUNIOR AND MIDDLE YEAR STUDIES.

<i>Anatomy,</i>	E. S. SMITH.
<i>Physiology,</i>	J. CONNELL.
<i>Chemistry,</i>	C. E. WILCOX.
<i>Pathology,</i>	Z. P. FLETCHER.
<i>Histology,</i>	C. A. GWYNN.
<i>Toxicology,</i>	H. F. JONES.
<i>Medical Jurisprudence,</i>	G. H. MCGEARY.

A motion to change the time of meeting of the Society from 7.30 p. m. to 8 p. m. was laid upon the table, to be acted upon at the next regular meeting.

County Society.

THE regular meeting of the New York County Homœopathic Medical Society was held in the reception room of the Ophthalmic Hospital on the evening of October 14th. Owing to the enforced absence of the President, Dr. Houghton, the Vice-President, Dr. Beebe, presided.

First in the order of business was the nomination and election of new members, and Dr. J. W. Dowling, Jr., and Dr. Geo. W. McDowell were elected to membership.

The Committee on Public Institutions was to report, but owing to the absence of Dr. Bacon, no report was received.

The majority of the evening was devoted to the Bureau of Obstetrics. Dr. Phœbe J. Wait read a very interesting paper on "Retained Placenta," which was followed by a very inter-

esting discussion, participated in by Drs. McMurray, Clark, Macy, Lilienthal, Wait, Schley and Wright.

"The Treatment of Mastitis by Rest and Compression" was the subject of another able paper by M. Belle Brown, M.D. This was discussed by Drs. Wilcox, Lilienthal, Clark, McMurray and Wait.

Dr. J. T. O'Connor, a former member of the society, who has again returned to the city, was reinstated as a member.

Society adjourned.

*A New Homœopathic Hospital
for the Insane.*

AFTER several years of persistent agitation on the part of earnest homœopaths, in and out of the Massachusetts Legislature, to establish a hospital where insane patients could be treated under the methods of the "New School" of medicine, successful culmination was had in an act approved June 3, 1884, wherein it was provided that a building then occupied and known as the State Reform School, in Westboro, should be remodeled, and other buildings added thereto, and be devoted to the purposes of such a hospital, the occupants of the Reform School to move into the new structure then completed, about one mile distant from the old site. Dr. N. Emmons Paine, formerly of Albany, N. Y., who had been for nearly four years assistant physician at the first homœopathic hospital in the United States, located at Middletown, N. Y., was in due time appointed Superintendent of the Westboro Hospital, and under this most efficient executive officer and an able board of trustees, work has steadily progressed, so that occupancy of the hospital will be had about the last of this month.

The original act of the General Court provided "for the residence of 325 patients, physicians, other officers and attendants who shall care for such patients." It was found necessary to make very great changes in the old reform school buildings, as well as to erect several new buildings and corridors to connect the same with the main edifice.

Under the act, as quoted, \$150,000 was authorized to be expended by the trustees, and in May the last Legislature made an additional appropriation of \$180,000. The gross expenditures have, therefore, reached the sum of \$330,000, for which the State realizes a hospital with ample facilities for 400 insane patients. The State institutions at Taunton and Bridgewater being overcrowded, the new hospital will receive its first hundred patients from those at the above named places who prefer, or whose friends prefer for them, homœopathic treatment.

The site of the Westboro Hospital, consisting of 264 acres of land, is a most commanding one, occupying as it does the crest of a hill, whence may be seen in the distance the towns of Shrewsbury and Westboro and adjacent villages. The intervening space is beautiful farm, orchard, timber and grazing land. The new reform school looms up to the southwest, its fine proportions visible, with distant hills for a background, a monument of architectural beauty. Nestling at the base of the hill upon which stands the new homœopathic hospital is Big Chauncy Lake, about $1\frac{1}{2}$ miles long by half a mile across in its widest part, as fine a sheet of water as can be found in all new England; its edges are fringed with tall pines, graceful maples and spreading elms; in the midst of a clump of the former has been selected a picnic grove with seats and speaker's stand; not far distant may be seen a boat house with several craft of various sizes and kind moored near by. Two monster ice houses are located at the upper end of "Big Chauncy," and a fine bathing beach. The lake is said to be quite deep and abundantly stocked with edible fish in great variety. The hospital orchard, containing some 400 apple and other fruit trees, appears to be divided in the centre by a magnificent lawn, with here and there a spreading tree, and runs from the buildings on the hill to the lake shore, all adding to the picturesqueness of the general surroundings. Standing upon the broad piazza of the main building and looking to the southwest and east, the view is a charming one.

The inside of the building is on a par with

its surroundings, and is all that can be desired for the safety, comfort and enjoyment of an insane patient. Ascending a flight of granite steps entrance is had into a wide hall; turning to the left, and passing through the trustees' room, 25x24 feet, and thence through a side door, the visitor is ushered into the private office of Superintendent Dr. Paine. Adjoining this, and fronting upon the lake side, is a room designed as medical directors' and assistants' office, in which will be kept the library of the establishment, as well as the keys of the wards, corridors and entrances; the director having absolute supervision over the assistants, attendants and nurses, no one can be absent from his or her post of duty without the knowledge and consent of this official; every attendant is obliged to deposit the keys of his department on going out, with a report as to the condition of his charges. To the rear of this room and across the hall first mentioned is the steward's room, in one side of which is a large, deep closet, into which are led telephone wires, speaking tubes and electric bells, communicating with every part of the great structure or aggregation of buildings. Passing out of the steward's room to the east, one enters the officers' sitting and dining rooms, commodious, well-lighted apartments. To the left of the steward's room is the pharmacy, where the drugs, medicine and necessary medical and surgical appliances will be kept. Next comes the clerks' and male supervisor's room, and to the rear is a billiard-room, some 25 by 30 feet, where the male patients may while away hours which hang heavily, and thus make their monotonous life more endurable.

Entering and traversing a corridor, you enter the "congregate" dining-room, the seating capacity of which is about 250. In the utilization of this dining-room as proposed, a new departure is taken, in that patients, male and female, will daily be conducted to their meals and eat in the same room.

The wards, situated in the six wings of the main building, are reached through beautifully lighted corridors. Passing through one of these we reach the conservatory, with its glass-covered

roof. Here is designed a resting place for patients, where they can take a sun bath surrounded by tropical plants and rare exotics. Going onward, the "day-room" is gained, an apartment fully sixty-five feet long by thirty feet wide, in which patients can amuse themselves at will, or employ their time to their mental or physical good. Leading from this large room are the patients' individual apartments. In each door is a wicket, so arranged that the occupant can be seen in his or her room by the attendant, at any and all times, without disturbing the inmate. This does away with the annoyance of fitting the keys and opening the doors, a great improvement over the old method of inspection by attendants. There are other rooms and appliances fitted for the comfort of the patient, about which we do not need to go into detail. The hospital is in every way a model for an institution of its kind, and will be a lasting monument to the liberality and progressive spirit of the old Bay State.—Abstract from Boston *Herald*.

Stethoscopes.

BY N. W. RAND, M.D., MONSON, MASS.

THE stethoscope is a modern invention. It marks one of those long strides in the advancement of medical knowledge which have characterized the nineteenth century. There are men in active practice to-day whose memories extend back to the time when the famous Frenchman, Laennec, took a quire of paper, rolled it up in cylindrical form, held it to his ear and the chest of a patient, and found that by this means he could hear the operations of the internal organs more perfectly than he had ever been able to do before. Indeed, he heard so clearly that he was led to believe that the paper served not only as a conductor of the sounds, but intensified and increased them; and he advanced and published this erroneous view. That was the primal stethoscope, and then it took its name from the great inventor mentioned. Since then, a great variety of modifications have been devised, and as many instruments

elaborated; but all have been designed for the same purpose, and depend upon the same general principle. All are presumably excellent in some respects, and certainly all share in more or less deficiencies. Take up Tiemann's catalogue of surgical instruments, and you will find descriptive illustrations of no less than twenty-five different stethoscopes. Without entering into any criticism upon their respective merits, I shall simply assume that you all agree with Prof. Clapp in considering the Cammann's binaural stethoscope, with rubber band, the best in the market, and shall attempt to show you that there is a new instrument in nearly all respects superior to this, and incomparably ahead of all the rest.

This new instrument I call *the vacuum stethoscope*. All I can say of its history is, that I found it in use in the general hospital of Vienna during my study there two years ago. It seemed to be a general favorite among the students, and the professors spoke highly of it. I obtained one, and used it throughout my course. Have used no other since. The Vienna instrument dealers said it was a French invention, and that they got their idea of its manufacture from Paris.

Since my return several friends, having seen and been pleased with its action, have tried to procure others like it, but were unable to find any for sale, or any person who would undertake to make them. Now, as good luck orders, we have a young dentist in our town who can shape matter into "the likeness of anything there is in the heavens above or the earth beneath;" and at my special request he has undertaken to make a few of these instruments. How admirably he has succeeded I shall soon show. But first let me briefly describe the stethoscope and its advantages.

It consists of a bell-shaped, pectoral extremity of hard rubber, one and one-quarter inch in diameter and about the same in height. From the central portion of the concave, under surface of this, is thrown down a circular tube of the same material, seven-eighths of an inch in diameter. The edge of this tube extends to the exact plane of the edge of the bell, and divides its space into two complete and distinct com-

partments. That within the tube is cylindrical in form, and is the first portion of the stethoscope to receive the thoracic vibrations. That outside the tube, and concentrically situated around it, is the air-chamber. This communicates through a small flexible rubber tube with a two and one-quarter inch rubber ball, by the compression and release of which, when the stethoscope is in position, the air is exhausted; and, in consequence thereof, the instrument is held firmly in place by atmospheric pressure. The cylindrical air-space, within the tube first mentioned, communicates with a short piece of metallic tubing which bifurcates just above the bell into two equal branches. These diverge from each other by a gentle curve for about one inch. Flexible rubber tubes, some eighteen inches in length, are drawn over each of these metallic branches. In the aural extremities of the soft tubes are fitted hard rubber ear pieces, which in turn make air-tight connections with the external auditory canals.

I claim for it the following advantages over all other stethoscopes, viz.:

First.—It establishes a continuous *air-tight* passage from the chest-walls of the patient to the ear-drums of the practitioner; and, since both extremities are tight, immovable and need not be touched by the hands to be retained in position, it *precludes the possibility of any friction sounds whatever*. Hence, by its use, one is able to appreciate nicer distinctions of sound, and detect those which, with other stethoscopes, would be imperceptible.

Second.—It is more comfortable for the patient, as no extra pressure is used in holding it.

Third.—It is more convenient for the physician. His hands are free to use as he pleases, and the flexible tubes allow him to hold his head in any position without disturbing the ear-pieces. He can auscultate over one entire half of his patient without a change of position. And there are no springs constantly pressing the ear-pieces into his head, to annoy him. He can auscultate the entire thorax without once removing the instrument from his ears.

Fourth.—It is especially advantageous in examining children. Being self-retaining, it is

less apt to frighten the child; and should he become restless, and shift about, the instrument is not easily disturbed.

I have found it of great value in detecting the foetal heart. It is by far the best instrument for this purpose, which is a matter of no small importance to the obstetrician. An obstetric bag without such as tethoscope is incomplete.

In a word, it answers all the purposes for which stethoscopes are made more perfectly than anything yet produced; and the only thing that can be said against it is that, in cases where the chest-walls are very irregular or hairy, the vacuum arrangement fails to work, and it must be held in place like any other. But even here it has the advantage of its flexible tubes and nicely fitting ear-pieces.

Of course you all have plenty of stethoscopes, but that is no reason you do not want this. I have a good Cammann's at home, but no use for it. It is for sale as all of yours will be after you have given this a trial. The price of this stethoscope is five dollars—a sum within the reach of every man; and the only place that I know of in the country where they can be procured is of the aforesaid dentist, Dr. P. W. Soule, Monson, Mass.

For a mere formalist, any other stethoscope will answer as well; but whoever really wants to *hear* what goes on within his patient's physical structure may well avail himself of this valuable aid. It is a good thing, and destined to become popular. Personally, I should like to see the members of our homœopathic medical societies take the lead in its use.—From the *New England Medical Gazette*.

College Notes.

FRESHMEN, bone down your Gray?

HAS any one seen "Ruby" this year?

NOTHING but hard work until Christmas.

THE "three graces" adorn the front row.

WHAT has become of Arthur's mustache?

PARKER and Shonger will not return this year.

THEY still drive horses with one line in Pennsylvania.

HINMANN, '88, has not returned yet, but is expected soon.

It is rumored that some of the Middle men still wear the badge of Freshman year.

WATTS AND FAY were married October 5th. Receive Fridays, at 102 Lexington avenue, third floor.

A. T. SHERMAN, '75, is one of the editors of the new homœopathic journal, the *Minnesota Medical Monthly*.

F. B. KELLOGG, '83, of Yale, and also a graduate of the Medical Department, is taking a post-graduate course here.

OUR northern friend, when informed that the bell had rung for white "plugs," quietly laid it by for another summer's campaign.

OUR friends from Jersey come up smiling again this year. They are so tough that even the famous mosquitoes have no effect upon them.

THE notorious sleeper of '87, who did so much of it against time last year, is doing better. A trip to Europe seems to have had a beneficial effect.

BURTIS, '87, is the latest victim of the matrimonial craze. If there is any reliance to be placed in signs, the coming winter will be a mild one.

It is rumored that Allen, '88, has some thoughts of trying to emulate Burdette of *Hawkeye* fame, by writing a lecture on "The Fall of a Mustache."

THE new instructor in Histology gave an exceedingly good lecture on his first appearance. If that was a fair sample, his work will leave nothing to be desired.

SUBSCRIBE for THE CHIRONIAN. Nothing so inspires the minds and pens of the editors as a good hearty interest in the paper. Actions speak louder than words.

THE obstetric case which a certain Senior had this summer is said to have given him considerable notoriety. There are some hints that the case was a little off color.

L. SPORTS a new umbrella with gold (?) mounted handle. It is wonderful what a differ-

ence it makes in a man when he sheds the green mantle of Freshman year and becomes a "Middle" man.

THE opening lectures were largely attended, and the enthusiasm manifested as the different professors made their appearance is ample proof of the cordial feeling existing between the faculty and the students.

WHO is that distinguished looking gentleman with the striking mustache and carefully trimmed side whiskers? They all wanted to know, but it was only after careful inspection that we were enabled to answer—Mowbray.

THE homœopathic physicians of Kentucky have established a State society. At a meeting held July 14, 1886, officers were elected for the ensuing year. Dr. James A. Vansant, '84, Mt. Sterling, Ky., is treasurer, and J. T. Vansant, '79, one of the board of censors.

EIGHTY-NINE has several college men among her members. That's what we want to raise the standard of our college. All presented diplomas from college, academy or high school, with the exception of four, who were compelled to take the entrance examination.

THE hope of Prof. A—— is, we believe, to be more than realized—*i. e.*, that the *Materia Medica* is to reap a rich harvest next spring from theses upon provings, as one of the chosen few made the remark the other day that *Eupatorium* perf. revealed in its symptomatology most distressing pains in the "bones of the throat."

THE amphitheatre was well filled on Tuesday evening, 5th inst., upon the occasion of our college opening. Prof. J. W. Dowling delivered an interesting lecture entitled "Why We do not Live our Three Score and Ten," which was listened to with marked attention throughout. The lecture was interspersed with many amusing incidents.

SINCE it depends altogether upon the "diathesis" as to the time when an infant begins to enjoy the full possession of those delightful little bodies, the taste bulbs, so neatly hidden away in the papillae circumvallatæ and fungi-

formes of that much-abused and treacherous little organ, the tongue, how long would it take to convince brother B—— that the class, aside from any "diathesis" inflicted upon it, sat down at once upon "the good joke" as an awfully "bad break?"

HAWLEY, '86, is the new professor of chemistry at the New York College for Women. Among the other professors we notice the names of Carleton, '71, Dearborn, Prof. Allen's assistant, W. Storm White, '79, Boynton, '74, and O'Connor, formerly professor of chemistry in our own college. The faculty of this college has been materially strengthened within the last few years, and now affords exceptional advantages to women desirous of securing a complete medical education.

Marriages.

MARRIED, October 6, 1886, Dr. Clarence C. Howard, '84, and Miss Clara Campbell, both of this city. Prof. W. W. Blackman was best man, and Dr. E. De Baun, '85, was one of the ushers. A reception was held from four until six.

MARRIED, July 14, 1886, at Norwich, N. Y., F. S. Fulton, M.D., '85, to Beatrice J. Shattuck. Congratulations are in order.

WE have received notice of the marriage of J. H. Hallock, M.D., which occurred September 20th. The lady was Miss Adah J. Merrill, of Albany, Vt. The doctor was a graduate of 1886, and is located at Walton, N. Y.

ON June 2, 1886, Dr. John W. Dowling, Jr., '86, to Miss Alice Jeanette Bliss.

Deaths.

DIED, August 17, 1886, Dr. John G. Bowen, of San Antonio, Texas. Dr. Bowen was a member of the Class of '82 of this college, and at the end of his college course was chosen by his classmates as their valedictorian. After graduation he engaged in practice with Dr. Jones, of San Antonio. He was for a time associate editor of the *Texas Homœopathic Pellet*, the predecessor of the *Southern Journal of Homœopathy*. Dr. Bowen was thirty-one

years of age, just at the beginning of a professional life which would doubtless have been a most successful one. The immediate cause of his death was cerebral abscess.

DIED, June 29, 1886, Dr. Charles H. Dunning, in the twenty-sixth year of his age. Dr. Dunning was born in this city and educated in the College of the City of New York, and in the New York Homœopathic Medical College. Graduating in '82 at the head of his class, he was offered the position of Laboratory Instructor in his Alma Mater, a position which he accepted. His conscientious work in this position is known to all who came in contact with him. He was modest and unassuming in manner, never pushing himself, but was generally well-informed and a hard student. His death, caused by cerebro-spinal meningitis, was undoubtedly the result of over-work and over-study. It was his custom to spend six hours a day in special study, in addition to his regular business and laboratory work. The loss of Dr. Dunning will be deeply felt both in the Laboratory and among a wide circle of friends, and it will be long before his kind face and gentle manners are forgotten.

Exchanges.

THE *Century* for October is a very interesting number, appealing to a wide audience in the subject matter presented. The frontispiece is a portrait of the statesman, Björnsterne Björnson, the illustrated article by H. L. Braekstad, on his greater prominence as a writer, being entitled "A Norwegian Poet's Home," and giving some account of his literary habits and country life. Franklin H. North gives an interesting and handsomely illustrated article, "The Gloucester Fishers." Clarence King contributes a striking paper on the "Biographers of Lincoln," with full-page portraits of Nicolay and Hay. The chief war article is Gen. W. S. Rosecrans's description of his victory at "Corinth." Other articles of personal interest connected with the war are "Stonewall Jackson's Last Battle," by James Power Smith; and

"Personal Reminiscences of Stonewall Jackson," by Margaret J. Preston. The archæologist will be interested in "American Explorers at Assos," by F. H. Bacon. Matthew Arnold discusses "Common Schools Abroad," and President Gilman, of Johns Hopkins University, writes about "Hand-craft and Rede-craft," with a plea for the former in the educational system. Stockton finishes his novelette, "The Casting Away of Mrs. Lecks and Mrs. Aleshine," while Howells provides Lemuel Barker with a new employment and a quarrel with 'Manda Grier, in the ninth part of "The Minister's Charge." There are many other shorter articles of interest.

We acknowledge the receipt of the following exchanges :

"The New England Medical Gazette," "The Hahnemannian Monthly," "The North American Journal of Homœopathy," "Southern Journal of Homœopathy," "The Homœopathic Physician," "Albany Medical Annals," "The Clinique," "The Southern Medical Record," "La Reforma Medica," "The Medical Counselor," "The St. Louis Periscope," "The Atlanta Medical and Surgical Journal," "Technics," "Chicago Medical Journal and Examiner," "The California Homœopath," "The Century Magazine," "The Physicians' and Surgeons' Investigator," "The Polyclinic," "The Homœopathic Recorder," "Student Life," "Progress," "Swathmore Phoenix," "The American Homœopathist," "Association Notes," "The Willistonian," "The Pacific Record of Medicine and Pharmacy," "The Stevens Indicator," "The Targum," "The Minnesota Medical Monthly," "The United States Medical Investigator," "The Medical Era," "New York Medical Monthly," "Daniel's Medical Journal," "The Fisk Herald."

Pamphlets Received.

COCAINE in Hay Fever, by S. S. Bishop, M.D. Operations on the Drum-Head for Impaired Hearing, with Fourteen Cases, by S. S. Bishop, M.D. Disinfection of House Drainage, by Prof. Henry Hartshorn, M.D., LL.D. Is Electrolysis a Failure in the Treatment of Urethral Strictures? by Robert Newman, M.D.

Book Notices.

A Decalogue for the Nursery. By S. J. DONALDSON, M.D., Boston : Otis Clapp & Son, 1886.

WE can cordially recommend this book. As its name indicates it is divided into ten chapters, each of which is devoted to some subject connected with the care and management of young children, and is intended especially for the instruction of young mothers. The chapters on clothing, posture, and diet are to be especially commended. The subject of posture is one which has received very little attention at the hands of medical writers, and is consequently one little understood by mothers. This chapter contains many valuable suggestions.

A Compend of Pharmacy. By F. E. STEWART, M.D., Ph.G. Philadelphia : P. Blakiston, Son & Co., 1886.

THIS is a valuable addition to the series of Quiz-Compend. The great beauty of this whole series, to which the Compend of Pharmacy is no exception, is that the information is condensed and to the point. It is easy of reference and contains a great deal of valuable material in small compass. Just the thing for the student.

American Medicinal Plants. MILLSPAUGH. Fascicle IV., Nos. 16-20. Boericke & Tafel, New York and Philadelphia.

FASCICLE IV. is fully the equal of its predecessors. The publishers are doing a commendable work in getting out this series, which will be a valuable addition to the literature of both the botanist and medical man. The plate of *Rhus Aromatica*, which was not delivered in time for Fascicle III., is found in this number. The plants described in Fascicle IV. are *Ailanthus Gland.*, *Aletris Farinosa*, *Archangelica Atrop.*, *Celtis Occident.*, *Capsella Bursa-Past.*, *Chioanthus Virg.*, *Cornus Circinata*, *Cornus Sericea*, *Cicuta Maculata*, *Euphorbia Ipecac.*, *Euonymus Atrop.*, *Gymnocladus Can.*, *Genista Tinct.*, *Giseng*, *Juniperus Virg.*, *Magnolia Glauca*, *Menispermum Can.*, *Menyanthes Trifol.*, *Myrica Cerifera*, *Opuntia Vulgaris*, *Ostrya Virginica*, *Pirus Americana*, *Pastinaca Sativa*, *Rhamnus Cath.*, *Rhus Venenata*, *Ranunculus Bulb.*, *Ranunculus Rep.*, *Senega*, *Serpentaria*, *Veratrum Viride*.